S. No. 2
M—5-42
r. 5-17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 1 1949

Registration District No. 949

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 17017

Registrar's No. 2306

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 6800 Elmwood / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether In this community years, months or days) yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3

(d) Street 6800 Elmwood (If rural, give location) 8

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Walter A. Kramer

3. (b) If veteran, name war World War

3. (c) Social Security No. No

4. Sex Male 0

5. Color or race Wh

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife Denise Kramer

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased April 3, 1899 (Month) (Day) (Year)

8. AGE: Years 44 Months 1 Days 14 If less than one day hr. min.

9. Birthplace Kansas City, Kans. / (City, town, or county) (State or foreign country)

10. Usual occupation Purchasing Agent

11. Industry or business Columbia Steel Tank.

FATHER
12. Name Andrew A. Kramer
13. Birthplace K. C. Kans. / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Ella M. Connor
15. Birthplace Danipphan Co. Kans. / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Denise Kramer

(b) Address 6800 Elmwood

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 50-20--43 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave

19. (a) Burial 5-19-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 17 year 43 hour 9 minute 15 P.M.

21. I hereby certify that I attended the deceased from 12-18-42, 19 to 5-17-43, 19; that I last saw him alive on 5-17-43, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Adeno Carcinoma Left parotid Gland — Duration ?

Due to Metastatic Carcinoma of many Vertebra

Due to and many Ribs and of Right Lung — ?

Other conditions (Include pregnancy within 3 months of death) 55E

Major findings: Of operations No

Of autopsy No

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature M. J. Wills (M. D. or other)

Address 1034 Health Bldg, Kans. Date signed 5/18/43

361

(Licensed Embalmer's Statement on Reverse Side)

JUN 9 1948

JUL 16 1948

JUN 1 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Registered Apprentice No. ....., working under my personal supervision.

Signed Thos F. Zurk

Licensed Embalmer No. 3775

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.